REGISTRATION FORM

Introduction to Social Marketing
June 6-10, 2010 – USF College of Public Health

PLEASE PRINT LEGIBLY

FIRST NAME: ___________________________  LAST NAME: ___________________________

ACADEMIC DEGREES/CERTIFICATIONS: ___________________________  GENDER: □ F  □ M

BIRTHDATE (MM/DD): ________  ORGANIZATION: ___________________________

HOME ADDRESS: ___________________________

CITY: ________  STATE: _______  ZIP: ________  COUNTRY: __________

DAY PHONE: ___________________________  FAX: ___________________________

E-MAIL (required): ___________________________

PROFESSIONAL PROFILE:  □ CHES – LIST YOUR CHES #: ________  □ OTHER: ___________________________

How did you hear about this course?  □ Website  □ E-Mail  □ Colleague

Do you also plan on attending the Social Marketing Conference (June 11-14)?  □ Yes  □ No

*Please visit www.cme.hsc.usf.edu/smph for full information regarding the conference.

SELECTIONS:

☐ REGISTRATION FEE – FOR University Credit (you are still responsible for payment of USF tuition)  $200.00

☐ REGISTRATION FEE – NOT for University Credit  $1,200.00

☐ PARKING PERMIT (Will be mailed to you prior to the course)  $20.00

TOTAL FEES: __________

PAYMENT METHOD

☐ CHECK IN THE AMOUNT OF $___________ MADE PAYABLE TO USF HPCC.

☐ PURCHASE ORDER – You must e-mail smakar@health.usf.edu in order to pay via purchase order.

☐ CREDIT CARD:  □ AMEX  □ MC  □ VISA

AMOUNT: $___________  CREDIT CARD #: ___________________________

EXP. DATE: ________  CCV: ________  SIGNATURE: ___________________________

PLEASE MAIL REGISTRATION FORM AND PAYMENT TO:

USF HPCC  
Attn: SM 2010 170B 1180
12901 Bruce B. Downs Blvd., MDC 46
Tampa, FL 33612

OR FAX TO: 813-974-3217

QUESTIONS? Please e-mail Stephanie Makar at smakar@health.usf.edu.